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Powers of the Script: Prescription and Performance in Turn-of-the-Century France

Valid, adj.:
Etymology: < *French* valide . . . *or Latin* validus *strong, powerful, effective,* < valere, *to be strong, etc.*

1a. Good or adequate in law; possessing legal authority or force; legally binding or efficacious.

—*Oxford English Dictionary*

Grammar rules should be written illegibly so as to inculcate respect for them in the speaker, just as prescriptions do in the patient.

—Karl Kraus, 1921

On Graphic Performativity

ALTHOUGH A SOMEWHAT STERN PERSONALITY, Paul Brouardel, dean of the Paris School of Medicine, enjoyed an occasional night out at the theater. On one such night in the late 1890s he had found himself particularly entertained by a vaudeville scene that had some relevance to his line of work, so he decided to relate it to his students. That scene, in his summary, involved an on-duty physician at a fictive theater who, longing for a night off, left his seat to a friend who was a stranger to the medical arts. By a stroke of fate, a young lady in attendance that night finds herself unwell, and all eyes turn toward the man occupying the on-call doctor's seat. Put on

ABSTRACT For all their concern with the nature of medical authority, historians of medicine have paid remarkably little attention to the history of the medical script, the main medium in and through which the doctor's authority is enacted. This essay analyzes the medical prescription as an instance of a written performative. While focusing on the changing uses of one particular documentary genre in turn-of-the-twentieth-century France, it seeks to outline a broader theory of *graphic performativity*, or of the conditions under which the symbolic power of the oral performance is transferred and transformed as it is transcribed on paper. REPRESENTATIONS 148. Fall 2019 ISSN 0734-6018, electronic ISSN 1533-855X, pages 57–85. DOI: https://doi.org/10.1525/rep.2019.148.1.57.

the spot, the doctor's friend quickly realizes he has no way out, so he rushes to the patient's side, unlaces her corset, and, for good measure, pretends to write up a prescription, scribbling a few words without rhyme or reason on a slip of paper and signing it as illegibly as he could. While the ink is still drying, the script is snatched out of his hands and an usher is dispatched with it to the nearest pharmacy. Thankfully, the potion he returns with has the effect everyone counts on, and the indisposed spectator promptly recovers her health.[1]

How are we to interpret such a scene? Is it that the prescription is useless? If a cure can be effected with a prescription that is senseless, illegible, and apocryphal—hence flawed in all the ways that seem to matter—what added value, we might ask, is there in the proper prescriptions of licensed and qualified physicians? Or is it on the contrary that the prescription does it all? That the accuracy of the diagnosis and the nature of the drug prescribed matter less in achieving the desired effect than the ritual of the prescription itself? Brouardel did not tell his students. Instead, he deemed the story "very fitting in a comedy, but not so in practice" and proceeded to lecture his audience on the need to write prescriptions clearly and legibly. Only later, in an article of 1905, did he appear to ponder what might have been the implicit lesson of the comedy he had delighted in ten years earlier:

> The first source of the efficacy of the physician's action is the trust that the sick place in him. The patient complies with and fulfills prescriptions in whole only if he surrenders completely to the authority of his physician. Trust sustains his moral fortitude; moral fortitude acts upon physiological processes; hope restores strength and resilience in the struggle against disease. The lack of trust has the opposite effect. Prescriptions fail to be fully observed; despair takes hold of the patient and recovery is compromised.[2]

This essay follows Brouardel's lead in accounting for the double nature of the prescription as both a drug to be consumed and an order to be trusted and obeyed. While suspending judgment on his psychophysiological speculations, it also sees the efficacy of the prescription as residing in an alchemy of words and gestures as much as in a chemistry of substances, and it sets out to describe what this *symbolic efficacy* owes to the form and medium in which the prescription is administered.[3]

To name and analyze the symbolic powers of the medical script, I shall argue, we need a concept of *graphic performativity*. In elaborating this concept, two main pitfalls ought to be eschewed. The first mistake would be to locate the powers of performative speech in speech itself rather than in the relations of power between speakers and their addressees. Instead, we need to understand performativity as John Austin originally did—namely, as a theory of ritual whose efficacy is linked to a number of sociohistorical, as well as

linguistic, conditions. Of the "conditions of felicity" of performative speech, the first to be mentioned in *How to Do Things with Words* is the "position of the speaker": to produce its effect, ritual speech must be delivered by the "person appointed" to do so. Socially efficacious speech, in other words, is inseparable from the casts of socially codified roles in which speech is produced. In this sense, a theory of the performative speaks to the vaudeville scene Brouardel related to his students. The prescription in that instance worked its magic only because its author was, quite literally, in the doctor's place, and also of course because he was a man of a certain age and poise, the sort of man who could claim doctors among his friends. Furthermore, it speaks to a rich historiography on the changing roles of doctors, patients, and (to a lesser degree) pharmacists in nineteenth-century medicine, a body of work in which few subjects have been as thoroughly investigated as has the struggle of an institutionalized medical profession for the exclusive authority to diagnose and to prescribe.

The opposite pitfall, however, would be to view the script as merely registering or reflecting relations of power constituted elsewhere and by other means. Authority is relational, and so it ought to be examined through its media as well as through its figures or possessors. On this the historiography has less to offer. For all their interest in the deployment of professional authority, medical historians have left the prescription, the main medium in and through which the doctor's authority is expressed and enacted, virtually unattended. And so does Austin, whose performatives are typically oral performances engaging a kind of spectacle of the speech act.[4] While there is no doubt that prescribing is a performative in Austin's sense, a speech act whose proper performance endows words with a certain binding force and validity, it is an act deposited in a graphic artifact and mediated by it. Once the patient walks away from the stage of the medical consultation, the performance is over and only a script remains. Hence the specific question here is: How to do things with *written* words? As a general rule, writing frees the powers of speech from the body of the speaker, even as it threatens to undermine these powers by severing the link to the performance and performer from which they emanate. This means that there are specific conditions of felicity to the written performative—and specific ways it can go wrong.[5]

By graphic performativity, then, I refer to the ways in which the graphic artifact captures and transforms the powers of the oral performance as it is transcribed on paper. My argument takes aim throughout at what might be termed a fetishism of the document. Documents do not attest, authorize, or document on their own, but only within shifting scriptural usages, practices, and institutions. To illustrate this point, I focus on one specific moment in the history of the medical script and examine it from the viewpoint of the three main figures involved in acting it out—physicians, pharmacists, and

patients. The special attention the genre attracted in fin de siècle France resulted from the rise of a vast proprietary drug industry whose products were advertised in newspapers and available over the counter. France was not unique in this, but, for reasons explained in the first section of the essay, it was exemplary. French physicians during this period registered with unique acuity the erosive effects of printed medical advice on the authority of the script. Their conversations on the subject generated the trove of sources on which this essay relies. The next two sections consider the matter from the perspective of the pharmacist who judges the validity of the doctor's note. This allows for a description of some of the concrete ways in which the script creates or loses a connection to the original scene of its production. The final section returns to the effect of the prescription on the patient. Its goal is to reveal the script as a medium in which the subject positions of physician and patient were not merely mirrored but also at once made, maintained, and destabilized.

Medical Advice in the Age of Its Technological Reproducibility

French law redefined the roles of physician, pharmacist, and patient from the ground up in the early nineteenth century. Under the Old Regime, physicians and pharmacists supplied their services mostly in urban centers to the privileged few who could afford them. It was generally accepted that a vast majority of the sick, in particular those who lived outside the town walls, would avail themselves of the services of midwives, bonesetters, sorcerers, and all manner of other local or itinerant healers instead. The early modern medical market was crowded and diverse, so that the ailing enjoyed a measure of choice in how and where to seek relief.[6] When in 1791 the Revolution struck down the intricate framework of guilds, titles, and privileges that had governed urban trades since the Middle Ages, the old regime of medicine gave way at first to a new regime of nearly complete laissez-faire. For about a decade thereafter, anyone was in principle entitled to call himself a physician; to set up shop as a pharmacist; and to prescribe, prepare, or sell any drug in any way he wished. No other laws applied than those of free trade. But the ensuing state of "medical anarchy," as contemporaries described it, met with the same fate as other revolutionary experiments with lawlessness in the early years of Napoleon's rule. In the spring of 1803, the soon-to-be emperor signed two laws, one on medicine and one on pharmacy, designed to restore order to the business of healing. With these laws the state gave itself the authority to name physicians and pharmacists, as it delegated the right to prescribe and prepare drugs exclusively to men of

the art trained and licensed in national universities rather than co-opted according to the discretionary rules of their onetime guilds. Physicians and pharmacists were turned into officers whose position and authority were backed by the state. In consequence, the new legislation also drew a sharper line between licit and illicit practice. Unlicensed practice, once widely tolerated, became equated with unauthorized practice, and the margins of freedom once left to the sick were, at least on paper, foreclosed. Ailing citizens were henceforth enjoined to receive care merely *as patients*, that is, as passive subjects in the care of those who had a recognized jurisdiction over the naming and handling of illnesses.[7]

Physicians struggled in subsequent decades to secure the social as well as legal recognition of their exclusive right to diagnose and to prescribe. Until late into the century, their chief preoccupation was to define the legitimate prescriber in the eyes of the public. Meanwhile, the nature of the legitimate prescription remained for the most part unquestioned. The lowly prescription slip typifies those vernacular genres that seem somehow too rudimentary to warrant attention. When they are attended to it is always for what one does *with* or *through* them rather than for what they are or how exactly they work.[8] Nonetheless, a shift in the concerns of physicians became discernible around 1880. The return of the republic in 1870 signaled in many ways the triumph of authority based on expertise. The Third Republic was a regime of professionals—of lawyers, professors, and doctors—under which physicians were able to consolidate the legal prerogatives conquered in earlier decades.[9] Brouardel, head of France's most prestigious medical faculty and chairman of the National Committee on Public Health, known internationally for opening up the hygienist movement to the breakthrough discoveries of Louis Pasteur, was the very embodiment of the republic's rising medical establishment. When he lectured in the 1890s, the question of who had the authority to write prescriptions was all but settled. The focus of attention was about to move more fully to the question of how to write them.

What brought the prescription as such into the collective consciousness of doctors was another momentous and, in their eyes at least, far less auspicious development of the early decades of the Third Republic. On July 29, 1881, a new law gave France one of the world's most liberal press regimes, setting off the explosion of a mass commercial press in which ready-made drugs were by far the most advertised of all commodities. Until that time, medicines had been predominantly custom-made products compounded in the pharmacy on the prescription of a physician. Unlike traditional prescriptions, the brand-name drugs packaged in factories and promoted in newspapers could generally be had without a doctor's note, regardless of their composition. France was not unique in this regard. Proprietary drug advertising was a feature of the early mass press in many other countries as well,

though nowhere on quite the same scale as in Brouardel's.[10] On the eve of the war in 1914, several Parisian dailies had circulations averaging a million copies, while in each of these copies typically a quarter to a third of all commercial inserts were for drugs.[11] In this context, the main challenge to physicians' monopoly no longer resided in individual healers, in the folk healers or witch doctors of the past usurping the place of the legitimate prescriber in the secrecy of people's homes. It came instead from the new means of mass communication, in some sense the most public part of the public sphere. Threatened by the ubiquity of medical advice in print, the handwritten script suddenly lost the character of that which is taken for granted and goes without saying. The prescription began to be questioned and scrutinized, and with it the effects of the era's emerging mass media on established ways of dispensing goods and discourse.

The authority of the script derived from its rarity. The document was emitted in a single copy, in manuscript as opposed to mechanically reproduced, and distilled the proceeds of an involved and generally expensive transaction with the authorized expert. The nature of its power clearly fit Walter Benjamin's definition of aura as "a strange tissue of space and time: the unique apparition of a distance, however near it may be."[12] As advertising wrested the written word from the protected space of the manuscript page, however, this strange tissue was bound to unravel. The lithographed pieces of medical advice that rolled off steam presses and filled the margins of newspapers by the millions every day conveyed the same sort of recommendations as were contained in prescriptions, yet removed from the set of relations in which the medical script was meant to operate. Their raison d'être was precisely to offer medical guidance without ritual, disembodied and disembedded—that is, stripped of the ceremonial elements from which the aura of the script derived. Advertising had powers of its own, but they were not in ceremony, which is always about preserving rarity and restoring distance. On the contrary, advertising's allure lay in its promise to abolish the strict division of labor between authorized experts and a passive and dispossessed public in which all cultural monopolies, including medical monopolies, consisted.[13]

Contemporary physicians had no doubt about the existence of an economy of medical authority in which the credit of the prescription was inversely indexed to that of drug advertisements. In June 1904, for instance, the Société de Médecine Légale in Paris endorsed a report authored by its president, Georges Leredu, making the case that drug ads evinced all the characteristic features of a medical intervention. For what is the naming of a disease alongside a description of its symptoms, it asked, if not a diagnosis? And what is the recommendation of a particular treatment, if not a prescription? In Leredu's words, newspaper inserts recommending drugs amounted

to "written consultations," and as such should fall under the laws regulating the unlicensed practice of medicine (figs. 1–5). The effort to cast drug advertisements as illegal prescriptions failed to convince jurists. In the absence of a personal connection between the author and readers of an advertisement, courts were reluctant to assimilate commercial advice to doctors' orders. They meted out occasional sentences against unlicensed healers who directed the treatment of individual patients by mail, but not against those who relied on advertising to distribute medical advice en masse to the reading public.[14] Nonetheless, these legal arguments touched upon all the key ways in which the shifting media ecologies of 1900 unsettled the ontology of the script. If content, so to speak, was not enough to decide what counted as a binding prescription, what place should the script's uniqueness and nonreproducibility, or perhaps even its being written by


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environ, a décidé de procéder définitivement au second et dernier tirage de la Loterie le jeudi 30 juillet prochain.
SI VOUS TOUSSEZ, prenez une PASTILLE GÉRAUDEL
DÉPARTEMENTS
Le nommé Bonnet, ancien adjoint de la commune
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FIGURE 1. Advertisement for the Pastilles Géraudel, *Petit Journal* (March 22, 1885), 3. Source: Bibliothèque national de France (BnF). The stripped down ads for Arthur Géraudel's cough drops were widely regarded as among the most successful advertisement campaigns of the late nineteenth century. With a simple message—"If you cough, take a Géraudel Pill"—they offer a classic example of a drug advertisement reduced to the basic elements of a generic medical prescription. As figures 2–5 demonstrate, they were also widely imitated.


de midi à 4 heures. Traitement par correspondance.
ON NE TOUSSE PLUS
sion sucedes BONBONS GRAMONT au GOUDRON.
Agréables à la bouche, en fondant ils arrêtent de suite la Toux.
Prix : Boite 1f 75, 1/2 bte 1 fr. DANS TOUTES LES PHARMIES DE FRANCE.
Nombreuses imitations. — Exiger la Signature du Dr GRAMONT.

FIGURE 2. "One no longer coughs if one sucks on Gramont's Tar Pills." *Petit Journal*, January 18, 1885, 4. Source: BnF.

FIGURE 3. "You want to stop coughing? Take Brachat Pills with pine sap, lactucarium, and codeine." *Petit Journal*, February 17, 1885, 3. Source: BnF.

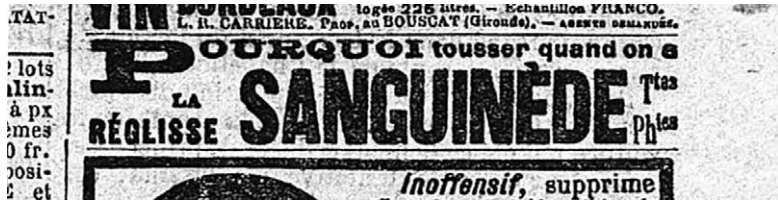

FIGURE 4. "Why cough when there is Sanguinède's licorice?" *Petit Journal*, February 2, 1900, 4. Source: BnF.

FIGURE 5. "You will no longer cough if you suck on Alexandre Pills." *Petit Journal*, January 19, 1990, 4. Source: BnF.

the hand of the physician under the eyes of the patient, hold in its definition? What exactly made these characters essential to the operations of the script—more so, from a legal standpoint at least, than the appropriateness of the treatment prescribed? And finally, if the proper prescription is defined by the context of its issuance—what Benjamin called the "here and now of the original"—how does that context remain legible in the text of the script beyond the fleeting moment of the physician and the patient's copresence?[15]

Repetition and Difference

Performatives depend on the existence of an "accepted conventional procedure" in virtue of which words can be rendered binding for those who utter, write, or receive them. But to be accepted, the procedure does not necessarily need to be well defined. Blurriness at the edges is a feature performatives tend to share, Austin observed, for "it is inherent in the nature of any procedure that the limits of its applicability, and therewith, of course, the 'precise' definition of the procedure, will remain vague."[16] So it was with the prescription. The law of April 1803, which governed French pharmacy until well into the twentieth century, stated: "Pharmacists will not dispense compounded drugs or any medicinal preparations unless prescribed by doctors of medicine or surgery or by health officers, and solely on their signatures."[17] There was a veneer of uncompromising clarity to that phrasing, and yet it raised more questions than it answered. Was it to be a *new* prescription every time, one written for a single (or specified number of) visit(s) to the pharmacy? Did it have to be recent? Was it a *personal* document, valid only in the hands of the patient for whom it had originally been written? Or did it even have to be written? Although the law seemed to say so, since it required a signature, many physicians in 1900 continued to send their patients to the pharmacy with nothing more than spoken orders, ostensibly expecting pharmacists to deliver the goods on their patients' word.[18]

The uncertainties surrounding the rules of proper prescribing derived largely from the fact that the law had been written before ready-made drugs marketed under a brand name entered in any significant proportion into the sales of pharmacies. As long as drugs remained custom-made products, prescriptions were, first and foremost, *recipes*. Each prescription formulated a drug tailored to a particular case—not just to a particular pathology, but also to a particular patient in his or her unique circumstances. In this context, delivering a drug involved more than merely taking a prepackaged product off a shelf; a drug delivered was always a drug formulated and compounded. Whenever the pharmacist dispensed a drug without prescription, he could also be presumed to have created or designed a drug by preparing it according to his own recipe. That was in fact precisely what pharmacy laws intended to prevent. The requirement that *compounded* or *prepared* drugs not be delivered without a prescription was about production more than consumption; it regulated who got to formulate drugs rather than who got to buy them, as prescriptions do today. From the viewpoint of the physician, there existed no doubt that each prescription was written for a particular patient in a particular context. As far as the law was concerned, there was little sense that the prescription should function as a tool to control who had access to what drugs.

When morphine abuse became a subject of public concern in the closing decades of the century, however, the refilling of prescriptions came under closer scrutiny. A majority of frequent drug users at that time obtained opiates, cocaine, or other potent narcotics from pharmacies, usually by reusing the same prescriptions over and over, some of which could be more than a decade old or written for patients other than themselves. In 1883, for instance, a Parisian pharmacist faced criminal charges for delivering a total of four hundred packets of morphine over a period of two years to a "Lady J." on the basis of just two prescriptions dating back to March and June 1881, each for a dose of ten packets of the drug.[19] Court cases of this kind raised questions that engaged the ontology of the prescription. Was it, as physicians argued, a recommendation made, and hence an authorization given, to a single patient in a unique context? Seen in this light, Dr. Léon Quidet noted, "There is no less danger in delivering again a drug prescribed on a prior occasion than in delivering it for the first time without a prescription." Or was it simply, in pharmacist Henri Martin's words, "a document signed by a physician and presented by a customer in order to receive delivery of the drugs listed on it"—a *thing* rightfully owned, whose enjoyment should not be limited by the circumstances of its acquisition, rather than a *performance* that happens in, and is bound to, a particular time, place, and set of relations?[20] Physicians lamented judges' propensity to see no more in prescriptions than mere slips of paper. Limitless refilling, they added with irony, supposed a doctrine of the "immortal prescription," available for perpetual resuscitation long after the death of its author. But pharmacists spoke for virtually everyone else when they asked: "How do you go about telling the average fellow who is sparing of his money and stands before you with a piece of paper in his hands that he will have to return to his doctor to get the exact same piece of paper again [if he wants to get his medication]?"[21] Refilling thus became the issue through which the relations between the authority and reproducibility of the script were litigated.

The Parisian pharmacist tried in 1883 was sentenced to a term of eight days in prison and a thousand francs in fines, a punishment of unusual harshness in this sort of case. While the letter of the law favored the position of physicians, the court conceded that custom was on the pharmacists' side. "A certain laxity," the court acknowledged, "had introduced itself in practice," resulting over time in an "undeniable tolerance for the refilling of prescriptions." The ruling made a point of insisting that the defendant had not been convicted for the mere refilling of a morphine prescription, but for the "guilty complacency" with which he had done so, providing the poison both in person and by mail at ever-shrinking intervals and in amounts that had no relation whatever to the quantities prescribed by the physician. In

fact, physicians themselves saw some degree of flexibility as indispensable, given the expectations of the public. All agreed that seeing patients just for the sake of rewriting a prescription for some common or innocuous remedy was pointless. Even when potent substances were involved, the optimal duration of a treatment could rarely be determined with assurance when the prescription was first committed to paper. Members of Paris's leading medical association admitted that they often sent patients away with instructions to refill their prescriptions as they saw fit. They realized that overly strict rules on refilling, by foreclosing that indispensable measure of flexibility, would jeopardize patients' access to a continuous course of treatment.[22]

These hesitations revealed the contradictory nature of the expectations projected onto the script as medium. The prescription is written because its execution is deferred. Whereas voice is the privileged medium for orders that are to be executed on the spot, without delay or displacement, some form of inscription is needed if a command is to outlast the situation in which it originates. Yet the prescription's force does not reside in the kind of ethereal writing, everywhere present and nowhere to be seen, of which written laws are made; it is indissolubly embodied in a tangible slip of paper with which it lives and dies. However deferrable, it remains personal and situated. Any solution to the problems raised by the refilling of prescriptions thus hinged on the following question: How can a written order's validity be canceled or cancel itself out once it has outlived its temporary purpose? In 1884, the Society of Legal Medicine called on pharmacists to put their stamp on every prescription they filled, every time they filled it.[23] This was one means of attaching text and context, though with no consensus on how often was too often and how long was too long, it hardly resolved the problem. In 1897, Dr. Antoine Béclère mentioned the case of a melancholic patient who suffered from severe insomnia and consumed ten to twelve grams of chloral hydrate daily, which he obtained with a single prescription stamped so many times by so many different pharmacists that it could no longer be deciphered.[24] The addition of a "do not refill" clause on prescriptions for potent substances had the appearance of a practical solution, but physicians proved loath to adopt it, fearing it might alienate their patients. Instead, they suggested, prescriptions that did not expressly authorize refilling should be assumed to have expired after a single stamping.[25] That way, the burden of telling patients that their prescriptions were no longer valid would fall squarely onto pharmacists' shoulders. Unsurprisingly, pharmacists had no more interest in disappointing their clients than did physicians. The ill will with which physicians' demands to retire scripts after sometimes less than a year of service were met demonstrates sufficiently that, outside medical circles, the notion that prescriptions should be used to restrict access to drugs had yet to impose itself.

Getting Away with Things

So how does one attach written signs to particular people, places, and moments? In French pharmacy law, the first attempt to do so dates back to 1845. Following a slew of criminal poisonings with toxics obtained in pharmacies, a law was passed that year introducing stricter rules on the prescription and sale of poisonous substances. The chief obstacle to the adoption of uniform rules on the writing and renewal of prescriptions lay in the sheer diversity of medicinal substances. Drugs sold by pharmacists were simply too varied in purpose and potency to fit a single set of rules. Accordingly, the law of 1845 introduced *classification* as a new way of policing substances. The sorting of medicines into different categories, each governed by its own specific laws, eventually allowed the functions of the script to branch out and evolve in new directions.

Once classified, a drug's movements were restricted and recorded. Prescriptions featuring any of the newly classified substances were required to bear the date of their issuance, something that had not been obligatory under the law of 1803. While the name and address of the patient did not have to appear on the prescription itself, pharmacists were asked to fill such prescriptions only on behalf of "people of known identity and residence" and to inscribe the name and address of the prescription's carrier in their registers. Revealingly, the state imposed similar rules on the keeping of pharmacy registers tracking drugs and the keeping of civil registers tracking people. Pharmacists were now expected to record in bound ledgers all classified drugs that entered or left their shops, just as local officials recorded any individual born or deceased within their jurisdictions. In both cases the same procedures applied; entries were to be added in a timely manner, in chronological order, and without blanks between them so as to preclude tampering after the fact.[26] The pharmacist, in sum, was made into an archivist, responsible not only for enforcing the rules and regulations governing the drug trade but also for producing and preserving a reliable paper trace of that enforcement (fig. 6).[27]

Although the new legislation contained no specific prohibition against the refilling of prescriptions containing classified toxics, it signaled a shift in the uses of the script: from mere recipe, usable and reusable by anyone who could lay their hands on it, it became a *license*, an instrument to regulate not only what drugs got prepared but also who got access to them. From that point on, prescriptions began functioning as documents in the precise sense articulated by Cornelia Vismann, as self-authenticating inscriptions that stand on their own and are meant to bear in themselves the signs of their authority. Unlike mere records whose role is to store and transmit information, documents in this sense use writing symbolically. Legibility is never

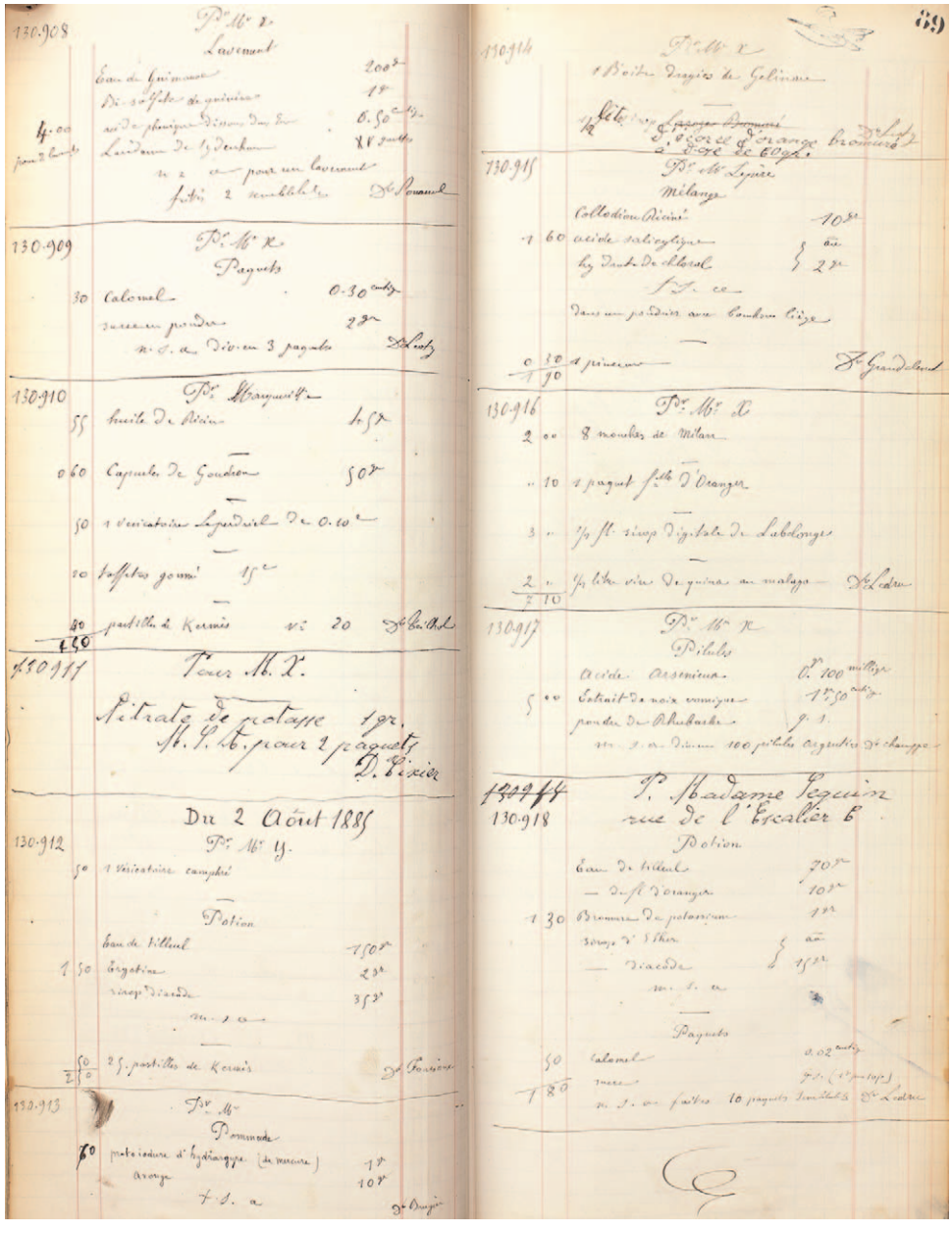

FIGURE 6. Pages 88 and 89 (1–2 August 1885) from the extant prescription register of the pharmacy located at 6, rue Ballainvillier in Clermont-Ferrand. Source: Bibliothèque interuniversitaire (BIU) de Santé pôle Pharmacie, Paris, uncataloged. Note the number of entries where the patient's name was missing (entries headed "Pr. Mr. X" or "Mr. Y").

their primary concern; their signs are "gestures of power . . . made to impress."[28] In other words, it was this shift in functions that made graphic performativity central to the operations of the script. The laws governing the script-as-license were no longer mainly about the formulas prescribed, but instead about the transactional metadata that framed them—date and place, identity of the prescriber and the prescribee, authenticating marks such as the physician's signature and the pharmacist's stamp. These self-referential inscriptions, which became ever more salient on the page of the script itself as detailed recipes gradually gave way to instructions that could be as short as the one-word brand name of a drug (figs. 7 and 8), indexed the validity of the written order on the registration and representation of the circumstances of its issuing.

As a result, the conversation on the prescription in late nineteenth-century France crystallized around the script's ability to perform the new roles ascribed to it. The most common misgivings pertained to the illegible handwriting of physicians—and especially of their signatures, the one graphic sign meant to re-present the prescriber in his absence.[29] In principle, pharmacists faced with dubious prescriptions were expected to check in with their purported authors. The prescription was intended to function as a placeholder for the voice of the physician, its value deriving from the pharmacist's ability to reconnect with the living authority that issued it in the first place. When the signature was not to be deciphered, though, the slip of paper could no longer be converted back into the spoken order of the physician. It was left standing on its own, with no one to bear witness to its authenticity. Yet even when the signature was legible, problems persisted. In small communities pharmacists were likely to know the physician(s) practicing in surrounding areas. The prescription could then realistically function as a record that registered an act verifiable by other means, rather than as a document that had to speak for itself. In metropolitan areas pharmacists could not be expected to be familiar with the names and signatures of all local physicians. In 1903, for instance, Édouard Desesquelle found no fewer than five doctors by the name of Durand and eleven by the name of Martin in the (notoriously incomplete) medical directories for the city of Paris. In such circumstances the written document could be used as easily to dissemble as to disclose the true identity of the prescriber.[30]

Physicians were tireless in their efforts to imagine solutions to "the grave perils arising from the ease with which prescriptions are deferred to."[31] They suggested ink stamps to replace signatures deemed either too difficult to decipher or too easily imitated. Dr. Desesquelle suggested that the stamp be delivered by local authorities to each new physician registering to practice in their jurisdiction. The small portable tool would serve in much the same way as the official stamps or seals used by notaries or bailiffs and lend

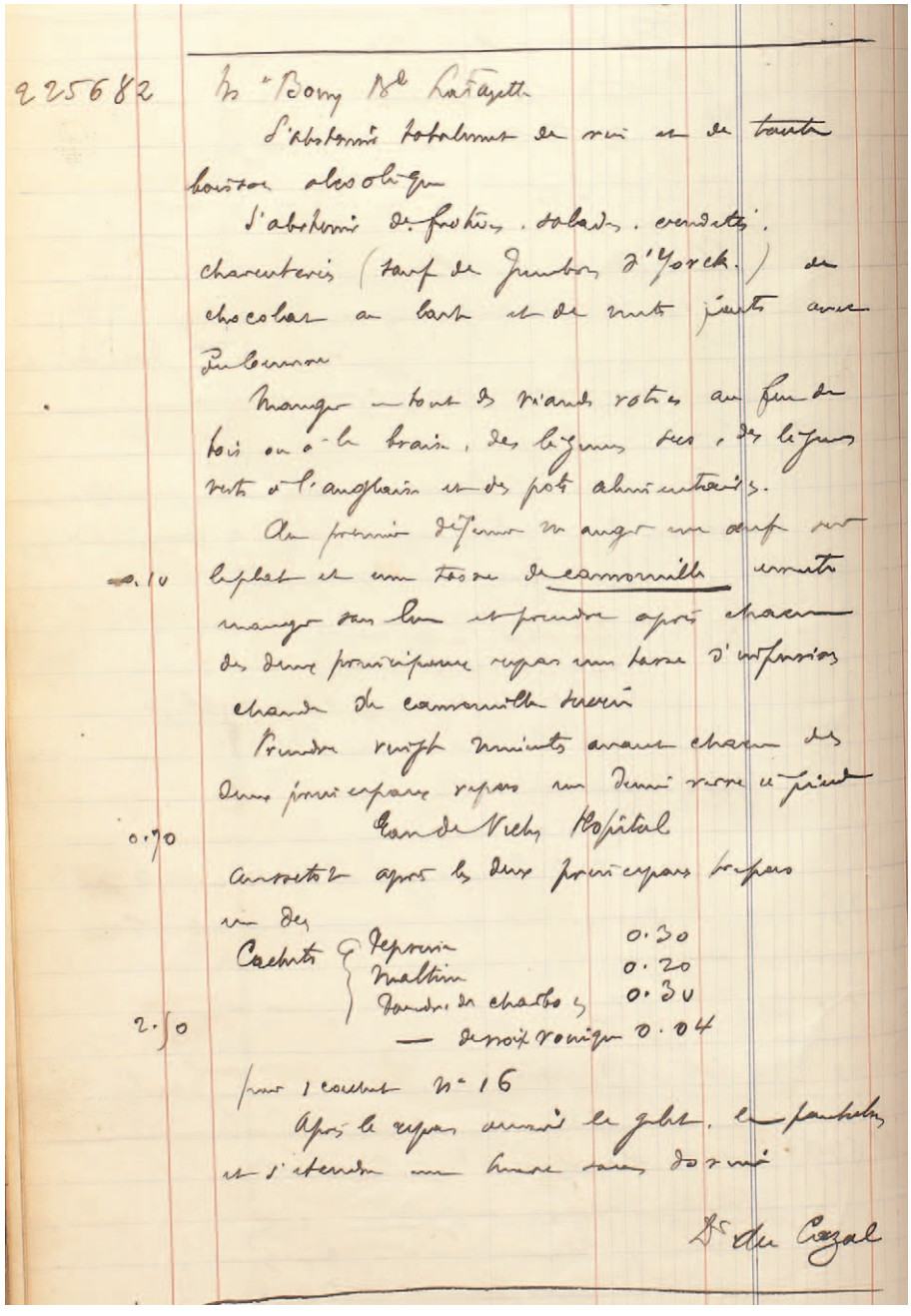

FIGURE 7. A classic prescription mostly consisting of hygienic and dietary advice, alongside a formula for pills, 4 July 1905. Prescription register of the pharmacy of the rue de Ballainvillier in Clermont-Ferrand. Source: BIU Santé pôle Pharmacie.

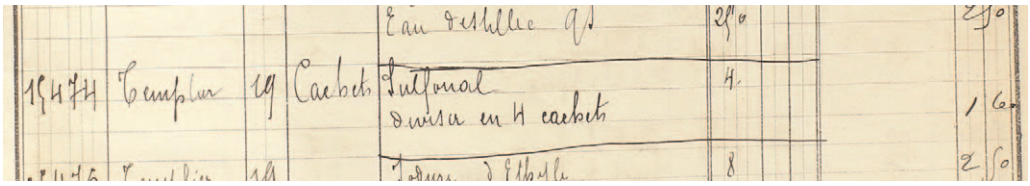

FIGURE 8. Prescription for Sulfonal, 19 September 1899. Prescription register of Lucien-François Augeix, pharmacist in Notre-Dame de Liesse. Source: BIU Santé pôle Pharmacie, uncataloged.

prescriptions the same legal force (*force de loi*) as other officially certified documents. The forbidding penalties that forgery of official documents carried were to provide an effective deterrent.[32] Others placed their hope in the new technology of the typewriter. In 1898 the editor of the *Presse médicale* pointed to the example of the United States, where (so he was told) most doctors had already taken to Remington machines to write down their orders clearly, swiftly, and without mistakes. The typewriter promised to confer upon the doctor's note the authoritative look of typography, which newspaper advertisements were already exploiting to such great effect.[33]

A related proposal, more earnestly debated than the fully typed prescription, was the preprinted prescription pad. In 1900 most physicians still wrote their prescriptions on loose sheets of blank paper. Without a requirement that prescriptions be written on special paper available solely to physicians, Desesquelle observed, anyone could copy a page from one of the countless prescription handbooks for physicians and sign it "Dr. Martin" to obtain one's choice of drug. On preformatted prescription sheets, letterhead offered an elegant solution to the problem of illegible signatures. Carbon paper inserted between the sheets would supply prescribers with duplicates of their scripts. If doubts ever arose about the authenticity of a script, verification could take place by matching it with its carbon copy retrieved from the prescriber's archive.[34] Evidently, some physicians viewed novel technologies for the reproduction of the written word as potential enhancements, and not merely as threats, to their authority.

It is telling, however, that none of those proposals relying on mechanical (re)production were ever fully embraced. While held up as best practices by a few purists, the methods just described never became legal requirements. This was due in part to considerations of a practical nature. Even authors who, like Desesquelle, were not shy about saddling fellow doctors with new tools and duties recognized that "it can be rather impractical to have to carry a prescription pad at all times, never knowing when it will run out."[35] People tended to fall ill in unpredictable circumstances, including after hours and in

FIGURE 9. Printed signatures, found on banknotes since 1862 (before which date every banknote was still signed by hand), were also encountered on drug advertisements in order to educate consumers on how to distinguish the original brand-name product from its imitations. The advice at the top of this insert for Santal Midy reads: "Beware of counterfeits and imitations/ Demand the following signature." *Petit Journal*, April 1, 1910. Source: BnF.

crowded theaters, and the lack of a prescription pad, ink stamp, or typewriter shouldn't have to tie a physician's hands if he happened to be present in such a situation. Unfalsifiability produced by mechanical means suits those documents that, like the banknote, are to be issued identically in large numbers and emanate from a single source that is removed from the world of practice, not for those documents whose production is by nature delegated and context-bound (fig. 9).[36] In late nineteenth-century France, for instance, banknotes were protected against forgery through the use of micro lettering, watermarks, and fine color printing on paper manufactured according to exacting standards. Such techniques were chosen precisely because they were beyond the reach of ordinary citizens, including physicians who might have looked to them in their quest for the foolproof prescription.

But there was more. The multiplication of methods of scriptural production and reproduction, of "–graphies" of all kinds beyond handwriting itself, altered in turn the cultural valences of the handwritten word. The fact that graphology (both the name itself and the technique it names) appeared in France at this precise moment is hardly coincidental. The new discipline of handwriting analysis, inaugurated by Jean-Hippolyte Michon in the 1870s, translated a somewhat aspirational belief in an essential link

between the body of the writer and his or her body of writings. This link is one that print was said to be destroying but could equally be said to have created, for it was against the rapidly diversifying technologies of textual reproduction that handwriting as such gained its salience in fin de siècle France. Thus graphology articulated in systematic ways the prevailing but largely unconscious semiotic ideologies that gave the handwritten script its meaning and force. Unlike any other technology, the human hand appeared capable of making inscriptions that were never twice the same yet could always be connected back to the singular hand that made them. The "graphic gesture," as Jules Crépieux-Jamin, Michon's most prominent student, called it, performed the magical operation of producing authenticability without identity. This designated it as a medium suited like no other to the ad hoc nature of the prescription. Alternative technologies of duplication and authentication tended by contrast to erase the quasi-sensuous presence of the scriptor in the script, and hence to undermine the unique way in which the graphic performativity of the script operated.[37]

Pushed too far, the quest for the unfalsifiable script threatened to defeat its own purpose. Of course, doctors had no illusions about the limits of handwriting as a technology of authenticity.[38] Pharmacists liked to claim a graphological instinct borne of their daily dealings with physicians' scripts. They invoked the role played by "professional flair" or by "a trained eye" when it came to spotting the "je ne sais quoi" that gave away the apocryphal prescription.[39] Yet in doing so they essentially admitted to the leap of faith they were forced to take each time they judged a script at face value. Falsifiability is the condition of all documents that are "emancipated from the issuer," as Vismann wrote, and take up within themselves the work of authentication.[40] As long as one relies solely on the evidence provided by the document itself, there is no escape from the possibility of a well-made fake—especially within a genre so loosely formalized as the medical script. The bona fide prescriptions, in other words, could never be made to fully overlap with the duly written ones. In the gap between the two, there always remained some indispensable room for play. As Austin put it: "Getting away with things is essential, despite the suspicious terminology," for it is what allows the boundaries of the ritual to be set by precedent, and so to be tested and redrawn when the need arises.[41]

The Scripting Act

Given the ease with which the script could be misused once it left the hands of the scriptor, the patient had to receive it with the right intentions. This too became evident as ready-made drugs began displacing the

custom-made. The mode of production of the traditional prescription—formulated by the physician, prepared to order by the pharmacist—implied *eo ipso* that it was tailored to the unique circumstances of the patient for whom it was written. This ceased to be the case when the drugs prescribed were prepackaged goods advertised indiscriminately to millions of newspaper readers. The implicit meaning of the prescription thus obscured, physicians became every bit as concerned with the impression it made on patients as with the one it made on pharmacists. While the latter only encounter the prescription as a written document, the former are witnesses to its writing. With patients in mind, therefore, physicians who reflected on the nature and operations of the script were led to recast the theory of the script as a theory of the scripting act.[42]

In fin de siècle France, the keenest observations on the transformations of the traditional pharmaceutical dispensation typically came from senior figures in the profession, the last generation of physicians to be fully trained in the art of formulating their own drugs. Georges Dujardin-Beaumetz, for instance, taught his students in Paris that the art of formulating drugs was the skill on which their future patients would judge them. "Patients' compliance," he professed, "will be in proportion to the care a physician puts in writing his prescriptions." Unable to size up the true extent of their doctor's knowledge, they regard his prescriptions as a proxy for his competence and trustworthiness. Hence "every small detail" matters in the composition of the script, including those that may seem trivial to the learned physician, for "they determine the degree of reverence patients have for their doctors, more so than doctors' actual learning of which they cannot judge."[43] Such advice hinged on what might be described as a theory of conspicuous prescription, one that viewed the script as a medium for the sumptuary expenditure and display of medical knowledge in order to subjugate an admiring patient into compliance.[44]

For Dujardin-Beaumetz there was always more to the prescription than the physiological activity of the prescribed drug. If it acted as a chemical agent, the drug also functioned as a vessel that indexed and channeled the powers generated in the therapeutic encounter. For this reason, even in the case of illnesses where dietary or hygienic measures seemed better suited than drugs, some innocuous drug should always appear on the script. If none did, the other instructions were unlikely to ever be heeded. Although in France the use of Latin to write prescriptions had fallen into disuse after 1800, Dujardin-Beaumetz continued to recommend it whenever the patient was best left in the dark regarding the nature of the treatment. *Mica panis*—that is, bread pills—was his example of a treatment that typically produced its intended effect only when prescribed under its Latin name. In situations like these, the drug *worked* in some real sense, but only *as a prescription*

ordered and taken within a ritual in which the writing of the script played a crucial role. It was consumed as a sign, not solely as a substance. And in defense of these prescriptions that "affected the imagination more than the economy [of the patient]," he concluded: "I am not concerned here with the kind of suggestion practiced at the Salpêtrière or in Nancy, I only talk about pharmaceutical suggestion whereby the patient will experience the effects that you attribute to the drug you prescribe."[45]

There is little doubt indeed that, for the Parisian spectators of the play Brouardel related to his students, the scene of the fake prescription that turned out to have real effects would have conjured up the other famous scenes to which Dujardin-Beaumetz alluded here. The women's hospice at the Salpêtrière had become illustrious in the late 1870s as the setting of Jean-Martin Charcot's conferences on hysteria. The so-called Tuesday conferences owed their fame in part to Charcot's attested brilliance as a speaker, but even more so to the female patients he brought on stage as he lectured, speculating on the nature of hysteria as its spectacular symptoms were in some way enacted before the audience. Meanwhile, Hippolyte Bernheim, a professor of medicine in Nancy, turned to hypnosis in order to demonstrate that the scenes played out at the Salpêtrière were theatrical in more than a merely metaphorical sense. Charcot's patients, he famously argued, were victims of medical suggestion who displayed no other symptoms than those expected and evoked by their doctor.[46] The characteristic sequence of poses which they exhibited during fits of "grande hystérie" were symptoms not of an invisible neurological lesion, as Charcot maintained, but of a heightened "suggestibility" that gave them the ability to register unaware the unspoken expectations of their spellbinding caretaker. In the same way as patients given instructions under hypnosis could be shown to do, Charcot's charges executed these poses at the expected moment and in the expected manner. In a rather literal way, the directing physician scripted a scene that the patient played out on cue. The one feature that set this drama apart from actual theater was the unconscious nature of the performance. The doctor was blind to the ways in which he directed his patients, who in turn felt moved not by a conscious desire to please him but only by a compulsion whose origin and meaning remained hidden from them. They followed the script, yet were acted upon rather than acting in their own right. One sees how Dujardin-Beaumetz may have been tempted to view in the relation between the suggestible hysteric and the charismatic alienist an archetype of the therapeutic relation more generally. The rituals of the prescription may have differed in obvious ways from those of hypnosis or hysteria, but both involved a similar sort of magic in which fateful words and gestures cast their spell over bodies. As long as the same relational structure obtained whereby the (typically female) patient was subjugated by her

(always male) physician and became subject to his will, bound to fulfill it as if driven by her own inner nature, all that seemed required was an inversion of the doctor's wishes. If he could wish diseases into existence by suggesting their symptoms, could he not equally well prescribe them away, provided he did so with the required authority?[47]

The fin de siècle theorists of the prescription, therefore, reflected in a deliberate manner on the best ways to stage the script. While they regarded the relational complex that equated patient subjectivity with patient subjection as essential to the efficacy of the prescription, they also saw it as unsettled by the demise of traditional prescription practices. Most proprietary drugs—at least the kind that physicians were likely to adopt—were simply ready-made versions of the same sort of drugs as physicians were accustomed to prescribing. Their appearance on physicians' scripts did not substantially change the kind of drugs brought into circulation, but it altered in fundamental ways the sort of implicit messages that the traditional prescription conveyed on the proper roles of physician and patient. In Dujardin-Beaumetz's opinion, those who indulged in brand-name prescriptions were losing sight of the impression the prescription ought to make on the patient. The aesthetics of the script conditioned the authority of the prescriber: "If you are unable to draw up beautiful prescriptions (*de belles ordonnances*), your ignorance will force you to rely solely on proprietary drugs, and you will be teaching your patients to medicate themselves on their own."[48] Joseph Grasset, of the medical faculty at Montpellier, warned in similar ways that "the sheer profusion of proprietary drugs is the reliable thermometer of physicians' ignorance of the art of prescribing." "Noticing that their doctors treat them following the recommendations of the promotional pamphlet or the back pages of the newspapers," he told his students, "patients end up treating themselves according to those advertisements which are everywhere to be seen."[49]

Since the efficacy of the written performative was determined in and through the moment of its production, the aesthetics of the script engaged a dramaturgy in which memory and poise played a crucial part. This is why the authors cited earlier thought about the graphic gesture in an expansive way—not merely as a character of the handwritten word, as was the case in Crépieux-Jamin's graphology, but also as the actual performance of its writing. If the written document is in some essential sense unperformed, the writing and deliverance of it is, or should be, a spectacle. There was no more lamentable sight in Grasset's view than the physician who, not knowing his part, was forced to reach for a prescription handbook or drug catalog at the patient's bedside under the eyes of his or her anguished family. He called it an "embarrassment," sure to cause irreparable damage to the doctor's authority.[50] The knowledge of the cure had to come from within and be

delivered with "cool and composed assurance," as Bernheim put it.[51] Parsing cures on paper was, after all, what newspapers and other promotional materials allowed patients to do for themselves at no cost.

In the lectures on the prescription cited at the opening of this essay, Brouardel too found in close attention to what we might call the writing situation—by analogy with the "speech situation" that Austin saw as determining the force and meaning of speech acts—a solution to many of the vagaries of the script. The main reason why physicians preferred prescribing proprietary remedies instead of writing out full formulas, he thought, was the fear of committing dosage mistakes that might entail serious harm for patient and doctor alike. Given that many such mistakes happened because prescribers allowed themselves to be distracted by the anxious solicitations of patients or family members, he suggested the following course of action:

> Never answer questions before the prescription is written down. Once it is written, read the prescription out loud before the family, describing in detail how the drugs are to be taken; and only then, having assured yourself that everything is in order, add your signature to it.[52]

Clearly, none of these recommendations—the tactical use of silence, the undermining of dialogue in order to keep doctor-patient(-family) communication as monologic and unidirectional as possible, and the theatrical recreation of the prescription written in silence and solitude, however large the surrounding crowd, as an oral performance delivered in front of an assembled audience—was aimed solely at preventing errors. The dramaturgy of the script was meant to occupy the room for play left open by the imperfections of the medium; it was the physician's way of making himself master of that space of indetermination by firmly binding together author and audience in and through a single interpretation of the script.

The implications for a theory of graphic performativity could be formulated as follows: Whereas fetishism of the document must be avoided in matters of theory, in practice faith in the document is essential to the ways in which it performs its functions. The prescription, as we have seen, will not produce its full effect unless the relations of power within which the script is issued are projected onto it and believed to reside in it as properties of the script itself. The medical discourse on the prescription in late nineteenth-century France was particularly clear on the fact that the script was about more than getting the proper drug to the patient in ways that covered the physician's and pharmacist's legal liabilities. Its function was not just to transcribe a recipe, but also to script the cure; that is, to direct the manner in which the patient followed through with it beyond the here and now of the medical encounter. In order to fulfill that role it had to maintain its hold

on the patient's state of mind, which it did only insofar as the patient could be made to overlook just how precarious the link between the document and that which it documents actually was.

From a historical viewpoint, then, the script as a written performative might be said to have emerged at a precise moment in time—and to have been created precisely by what was ostensibly destroying it. The proliferation of ready-made drugs and drug advertising in the late 1800s prompted a shift in the uses of the prescription, from recipe to license. The script-as-license continued to mediate the therapeutic exchange as it had done for centuries, but it did so with a new emphasis on questions of validity that arose within a new system of codified roles in the modern medical economy. The reinvention of the script as license thus affirmed its performative nature. In a deeper sense, the script as such—as written in the hand of the doctor and as scripting the cure in the absence of the scriptor—had no clear presence in collective consciousness until it came head to head with medical advice in print. It was a back-formation of industrial print production, in the same sense that the category of manuscript as such was a back-formation of letterpress printing.[53] The years around 1900 have often been depicted as a time of de-enchantment of the written word and of the generalization of new forms of communication stripped of rhetorical elements and stripped down to bare informational content. But against that backdrop they coincided as well with the discovery of graphic performativity, the quasi-magical powers of the written word to become binding not just in the legal sense but also over mind and body.

Notes

1. Paul Brouardel, "La responsabilité du médecin," *Annales d'hygiène publique et de médecine légale* 3, no. 40 (1898): 498.
2. Paul Brouardel, "De l'influence de la mutualité sur la médecine," *Bulletin du syndicat des médecins de la Seine* (1905): 154. Unless otherwise noted, all translations are my own.
3. The concept of symbolic efficacy as I use it here was first introduced by Claude Lévi-Strauss in his analysis of a shamanic cure among the Cuna people of Panama. See Claude Lévi-Strauss, "The Effectiveness of Symbols," in *Structural Anthropology* (New York, 1963), 186–205.
4. In *How to Do Things with Words* (Cambridge, MA, 1962), John Austin called his chosen examples "explicit performatives" and described them as "highly developed affairs," thereby acknowledging the existence of instances less "explicit" and less "developed"—we might say: less *performed*. Likewise, he imagined typical speech acts to be spoken, though he mentioned examples of written—hence, in an important sense, unperformed—speech acts (32). What he did not do was analyze in any systematic way the specific problems that arise when

the performative is put in writing. See Béatrice Fraenkel, "Written Acts and Speech Acts: Performativity and Writing Practices," *Études de Communication: Langages, Informations, Médiations* 29 (2006): 69–93. The same is true of Lévi-Strauss's "The Effectiveness of Symbols," which is also about a cure in which writing played no part.

5. One noted analysis of the relations between writing and performativity in Austin is Jacques Derrida's "Signature Event Context," in *Limited Inc* (Evanston, 1988). The gist of Derrida's argument is that, as a reiteration of an established and recognized procedure, a performative always refers back to and reactivates a meaningful *trace*. As such, all performatives, even merely spoken ones, presuppose a form of "archi-writing" that makes both oral and written speech acts possible. While suggesting that all speech acts are always in some sense writing acts (or, better, reenactments), Derrida also adds, "By no means do I draw the conclusion that there is no relative specificity of effects of consciousness, or of effects of speech (as opposed to writing in the traditional sense), that there is no performative effect, no effect of ordinary language, no effect of presence or of discursive event (speech act)" (19). The specific effects of "writing in the traditional sense," which "Signature Event Context" left in parentheses and addressed only sideways, are the main preoccupation of the present essay.
6. See Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford, 1997), for an overview of France's Old Regime of medicine in its relative diversity and openness.
7. A vast literature describes the laws of March and April 1803 on medicine and pharmacy as the origin of the medical and pharmaceutical monopolies in France. See Jacques Léonard, *La médecine entre les savoirs et les pouvoirs: histoire intellectuelle et politique de la médecine française au XIXe siècle* (Paris, 1981); Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge, 1987); Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830: The Social World of Medical Practice* (Cambridge, 1988); and Olivier Faure, *Les Français et leur médecine au XIXe siècle* (Paris, 1993). Historians generally agree to view medicine in the postrevolutionary era as the classic site for the emergence of a new kind of power founded on merit and skill rather than rank and birth. This explains in part the considerable attention scholars have paid to the formation of the medical monopolies. Historians have investigated the struggle of physicians to obtain exclusive jurisdiction over their domain of competence not just for what it tells us about the origins of modern medicine but also for what it reveals of the nature and scope of professional authority in general.
8. This of course may also account for the scant attention the prescription has received from historians. The recent scholarship on the role of "paper technologies" in the production of medical knowledge—e.g., Volker Hess and J. Andrew Mendelsohn, "Cases and Series: Medical Knowledge and Paper Technology, 1600–1900," *History of Science* 48 (2010): 287–314—has typically dedicated itself to the more elaborate uses of paper tools in the processing and visualization of clinical data (e.g., systematic charts, tabulations, and records made by and for medical professionals), not on the genres that are seemingly so elementary as to be reproducible by just about anyone, like the accidental occupant of a physician's seat.
9. On the changing forms of social domination in the early decades of the Third Republic, see Christophe Charle, *Les élites de la République* (Paris, 1987).

10. Sophie Chauveau, "L'industrialisation de la pharmacie avant la Première Guerre mondiale," *Histoire, économie et société* 14, no. 4 (1995): 627–42, discusses the formative years of the French proprietary drug industry, including its marketing practices. On the United States, see T. J. Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York, 1994); or on China, Eugenia Lean, "The Modern Elixir: Medicine as a Consumer Item in the Early Twentieth-Century Chinese Press," *UCLA Historical Journal* 15 (1995): 65–92.
11. Between 1860 and 1914, the combined circulation of Parisian dailies rose from about two hundred thousand to five and a half million. During these few decades the written press maintained a virtually undisputed hegemony over the means of mass communication. The estimates given here on the share of drug advertisements in French newspapers are based on a systematic sampling of some of the country's leading daily press titles in 1900. In the *Petit Journal*, generally regarded as continental Europe's first genuine penny paper, 30.3 percent of all advertisements were for drugs that year, and 48.5 percent if advertisements for other medical goods and services are included. But even in a title like *Le Temps*, the newspaper of the republican business establishment at the time, the numbers were high. In 1900, they stood at 28.5 percent for drugs and 37.2 percent for all medical goods and services. On any given day, therefore, the amount of drug advertisements churned out by French presses numbered in the tens of millions. Meanwhile, contemporary estimates put the number of different proprietary remedies on the French market at about 40,000 by the time the war broke out; see *Bulletin de l'Académie de Médecine* 78 (1917): 560.
12. Walter Benjamin, *Selected Writings*, ed. Howard Eiland and Michael W. Jennings (Cambridge, MA, 2002), 3:104–5.
13. To my knowledge the medical script makes no appearance in Benjamin's writings. However, "The Work of Art in the Age of Its Technological Reproducibility," which focused on painting in the era of photography and theater in the time of the moving image, also called the withering aura of these traditional art forms "symptomatic"; "its significance," it insisted, "extends far beyond the realm of art." Benjamin's engagement with graphology—one of whose late nineteenth-century founders, the Frenchman Jules Crépieux-Jamin, he described as a "somewhat unworldly gentleman who at first glance looked like a doctor"—as well as his remarks on advertising as subjecting the written word to "the brutal heteronomies of economic chaos" are also of direct relevance to my argument. (And I discuss graphology in greater detail later in the essay.) See Walter Benjamin, *The Work of Art in the Age of Its Technological Reproducibility and Other Writings on Media*, ed. Michael W. Jennings et al. (Cambridge, MA, 2008), 22, 171, and 192. See also John Guillory, "The Memo and Modernity," *Critical Inquiry* 31, no. 1 (2004): 108–32; and Lisa Gitelman, *Paper Knowledge: Toward a Media History of Documents* (Durham, NC, 2014), for more recent attempts to theorize the ways in which shifting media landscapes around 1900 altered the authority of documents.
14. "La Répression des réclames médico-pharmaceutiques au moyen de tous procédés de publicité par personnes n'ayant pas de diplôme," *Annales d'hygiène publique et de médecine légale* 4, no. 1 (1904): 557; and 4, no. 2 (1904): 85–86. M. Jacomy, Solicitor General at the Paris Court of Appeals and fellow member of the Société de Médecine Légale, discussed the position of the courts when the society met to discuss Georges Leredu's report. See also *La répression de*

l'exercice illégal de la médecine, vol. 1 (Saint-Germain-en-Laye, 1906), chap. 8, 6–7, and chap. 19, 1–7. Interestingly, French advertisers too understood drug ads as "omnibus prescriptions." Cf. D.-C.-A. Hémet, "En marge du Codex," *La publicité* (December 1903), 7.

15. Benjamin, *The Work of Art*, 21.
16. Austin, *How to Do Things with Words*, 31.
17. "Loi contenant organization des écoles de pharmacie," *Bulletin des lois de la République française* 270 (1803): 127–28.
18. The efforts of medical associations to warn their members against the hazards of "oral prescriptions" and persuade them to put pen to paper leave little doubt as to just how entrenched that habit remained. See "Pour couvrir sa responsabilité, le médecin doit toujours délivrer une ordonnance écrite," *Bulletin du syndicat des médecins de la Seine* (1904): 91.
19. On the cases mentioned here: Cour d'appel de Paris, decision of 12 July 1883, reproduced and discussed in *L'union pharmaceutique* (1883): 230–33. The pharmaceutical literature in the decades leading up to World War I is replete with stories of that kind. For an overview, see Jean-Jacques Yvorel, *Poisons de l'esprit: Drogues et drogués au XIX^e^ siècle* (Paris, 1992).
20. Léon Quidet, "Le projet de loi sur l'exercice de la pharmacie," *Bulletin du syndicat des médecins de la Seine* (1912): 726. Henri Martin was the president of Paris's pharmaceutical association; the quote is in Édouard Desesquelle, "Qu'est-ce qu'une ordonnance médicale," *Recueil médical* (May 1912): 53.
21. Édouard Desesquelle, "Le renouvellement des ordonnances," *Recueil médical* (November 1910): 3, and Desesquelle, "Qu'est-ce qu'une ordonnance médicale," 53 ff. A similar argument was made in L.-G. Toraude, "Le renouvellement des ordonnances," *Bulletin des sciences pharmacologiques* (December 1910): 274.
22. "Les questions relatives aux ordonnances," *Bulletin du syndicat des médecins de la Seine* (1897): 102.
23. M. Mayet, "Rapport sur la question de savoir si un pharmacien est autorisé à exécuter plusieurs fois la même prescription," *Bulletin de la Société de médecine légale* 8 (1884): 363 ff. According to Mayet, many pharmacists affixed their stamp only the first time the prescription was executed.
24. Antoine Béclère, "Sur un nouveau cas de diabète sucré lévogyre, avec état mélancolique, impuissance et insomnie rebelle," *Bulletins et mémoires de la Société médicale des hôpitaux de Paris* 3, no. 14 (1897): 924.
25. Desesquelle, "Le renouvellement des ordonnances," *Recueil médical* (June 1911): 21–22, and (July 1912): 60–61; Quidet, "Le projet de loi sur l'exercice de la pharmacie," 726–27.
26. "Ordonnance royale sur la vente et l'emploi des substances vénéneuses," 29 October 1846, art. 6; on the history of French civil registration in this period: Gérard Noiriel, "L'identification des Citoyens. Naissance de l'État Civil Républicain," *Genèses. Sciences Sociales et Histoire* 13 (1993): 3–28.
27. Unlike newspaper advertisements, which were mass-produced and remain generally accessible in library collections, prescriptions themselves are all but lost to today's historians. As such, the ledgers in which pharmacists copied prescriptions, some of which have been collected and preserved, constitute the best substitute for the prescriptions we no longer have. In this respect at least, the documentary responsibilities that the law entrusted to pharmacists have served us well.
28. Cornelia Vismann, *Files: Law and Media Technology* (Stanford, 2008), 72. "Documents" translates the German *Urkunde*, a generic term denoting writings such

as charters, deeds, diplomas, writs, etc. Its meaning is more narrow than that usually given to "documents" in English and is perhaps better rendered by "certificates." In Vismann's analysis, *Urkunde* are defined in contrast with records or files (*Akten*) designed for administrative use and inseparable from the administrative apparatus that produces and processes them. Records, thus, do not stand on their own but function only in a longer chain of bureaucratic writing and are generally stored away from public sight rather than displayed or "staged" as *Urkunde* or certificates tend to be.

29. An offhand reference to the signature as a method to validate written speech acts was Austin's only specific allusion to the problem of graphic performativity. See Austin, *How to Do Things with Words*, 60–61. It is also the main avenue through which other scholars have explored aspects of the problem, including Béatrice Fraenkel, *La signature: genèse d'un signe* (Paris, 1992); and Maurizio Ferraris, *Documentality: Why It Is Necessary to Leave Traces* (New York, 2013), 298–305. Ferraris's approach, however, is fundamentally at odds with mine. His argument aims to locate the origins of social bonds in "inscriptions" and "registrations." Accordingly, it sees the written speech act as unproblematic and the spoken act as somehow incomplete and in need of buttressing. This is done by suggesting that spoken acts are inscribed—literally, and not just metaphorically—in the minds of speakers and of those who hear them. They too produce documents, albeit of a merely mental kind. Yet one may suspect an intellectualist bias at work here. Feeling more at ease with written texts than in face-to-face dealings with fellow humans is an occupational hazard of philosophy and of the scholarly life in general. In this theory, which one is tempted to call a "pan-bureaucratism," highly literate and bureaucratized societies (the European Union is Ferraris's chosen example) are held out as more genuinely social than others. Conversely, societies in which the production and consumption of textual artifacts are not the normal mode of social existence are said to be social only inasmuch as they can be assimilated to more bureaucratic ones. In other words, *Documentality* is not an unwitting illustration of what I called fetishism of the document; it is its self-consciously attempted doctrinal justification.
30. Édouard Desesquelle, "Les feuilles d'ordonnance," *Bulletin des sciences pharmacologiques* (1903): 204; and Charles Floquet, "Trois questions relatives à l'exercice de la médecine," *Annales d'hygiène publique et de médecine légale* 3, no. 28 (1892): 65–66. According to an 1886 report of the Société de Médecine Légale, such fake prescriptions spread in Paris following the aforementioned conviction of the Lady J.'s pharmacist in 1883. The harsh penalty meted out in that case allegedly persuaded other pharmacists to exercise more caution when it came to refilling morphine prescriptions. Finding it harder to renew their old scripts indefinitely, "morphinists" were left with no choice but to "fabricate themselves the indispensable prescription." See Émile Horteloup, "De la responsabilité des pharmaciens pour l'exécution des ordonnances contenant des substances toxiques," *Annales d'hygiène publique et de médecine légale* 3, no. 16 (1886): 170–71.
31. Floquet, "Trois questions relatives à l'exercice de la médecine," 69. As Étienne-Hippolyte Perreau noted in "Des atteintes à la réputation d'un médecin par un pharmacien," in *Législation et jurisprudence pharmaceutiques* (Paris, 1920), 307, pharmacists raised questions about prescriptions that may actually have been written by physicians at their own peril. In addition to irking their clientele, it exposed pharmacists to lawsuits by physicians alleging harm to their reputation.

This is to say that the use of the prescription as a record was largely theoretical; in practice the prescription was a document judged at face value.

32. Édouard Desesquelle, "Les feuilles d'ordonnance," 203–5 and 236–39; and Édouard Desesquelle, "Le timbre médical," *Bulletin des sciences pharmacologiques* (1906): 29–32. The article even came with a printed photograph of a small rubber stamp lodged in a watch case four centimeters in diameter, which Desesquelle had purchased for himself and found particularly convenient.
33. "Les machines à écrire et les ordonnances," *La presse médicale* 52 (22 June 1898): 239.
34. Desesquelle, "Les feuilles d'ordonnance," 204. See also "Authenticité des ordonnances médicales," *Bulletin du syndicat des médecins de la Seine* (November 1907): 359. Prescription handbooks were compendia of drug recipes written for the use of physicians, but nothing prevented nonphysicians from purchasing them in specialized bookstores. I discuss some of these handbooks later in the essay.
35. Desesquelle, "Le timbre médical," 31.
36. The Banque de France received the exclusive privilege to issue banknotes in April 1803, at essentially the same time as the law granted physicians and pharmacists the exclusive privilege to write and execute prescriptions. On French banknotes of the nineteenth century, see the richly illustrated catalog of the Musée Carnavalet, *L'Art du Billet: Billets de la Banque de France, 1800–2000* (Paris, 2000).
37. Tamara Plakins Thornton, *Handwriting in America* (New Haven, 1996), 92–93, discusses the ambiguous position of the nascent discipline of graphology, stranded midway between the positive sciences it strove to emulate and the occult sciences from which it derived and with which it never fully broke.
38. The Dreyfus affair, the single most followed legal case of its time, in which a Jewish army captain was convicted of treason in 1894 on the basis of a piece of writing falsely attributed to him, would have reminded everyone in France of the limits of handwriting analysis. See Jules Crépieux-Jamin, "L'expertise en écritures et l'affaire Dreyfus," *L'année psychologique* 13 (1906): 187–229. For Crépieux-Jamin the lesson of the Dreyfus affair was that graphological expertise in court should be done only by the very best graphologists, something from which, of course, prescriptions were unlikely to ever benefit.
39. The quoted phrases are in Horteloup, "De la responsabilité des pharmaciens," 174; and Édouard Desesquelle, "Les feuilles d'ordonnances (3rd article)," *Bulletin des sciences pharmacologiques* (1903): 271.
40. Vismann, *Files*, 73.
41. Austin, *How to Do Things with Words*, 30.
42. Strictly speaking, the effects of the script on the patient lie beyond the purview of a theory of speech acts as outlined in *How to Do Things with Words*. Once the doctor has put pen to paper, respecting certain forms and formalities, he may be said to have successfully prescribed. Likewise, once they have said "yes" in the appropriate circumstances, the spouses may be said to have properly wed. Whether the marriage lasts or the drug is taken as ordered and with the desired outcome is, of course, a different matter. We deal here with consequences that may or may not arise from the proper performance of the act, and which fall as such outside a theory of performatives narrowly defined. Yet, as Austin recognized, consequences of that sort are certainly not indifferent to the execution of the ritual in full and in good faith. This is why, as Pierre Bourdieu, for instance, noted in *Language and Symbolic Power* (Cambridge, MA, 1991), esp.

105–16, the ways in which the ritual bears on its outcome must be considered if the theory of performativity is to provide the basis for a broader theory of symbolic efficacy.

43. Georges Dujardin-Beaumetz, *L'art de formuler* (Paris, 1894), 30. Dujardin-Beaumetz was a member of the National Academy of Medicine and chief physician at the Cochin hospital. *L'art de formuler* was arguably the last classic prescription handbook to appear in France before proprietary drug catalogs overtook them after the turn of the century.
44. Ibid.; and Godefroy Bardet, "La prescription médicale moderne," *Bulletin général de thérapeutique médicale* 136, no. 18 (1898): 673.
45. Dujardin-Beaumetz, *L'art de formuler*, 25–26. See also Joseph Grasset, *L'art de prescrire* (Montpellier, 1885), 66–67 on pharmaceutical suggestion, and 137 on the use of Latin.
46. In Hippolyte Bernheim's words, Jean-Martin Charcot's patients exhibited a "cultivated hysteria" (*hystérie de culture*). On the relation between Charcot and Bernheim, see Pierre-Henri Castel, *La querelle de l'hystérie: La formation du discours psychopathologique en France* (Paris, 1998), 53 ff.
47. Anne Harrington, *The Cure Within: A History of Mind-Body Medicine* (New York, 2009), 57 ff., includes Charcot's and Bernheim's works on hysteria and hypnosis in a narrative that starts with demonic possession and ends in the modern discovery of the placebo effect, though without commenting on the fact that the connection had been made in rather explicit ways by some of Charcot's and Bernheim's contemporaries. On the overdetermined meanings and cultural reverberations of Charcot's work at the Salpêtrière, see also Georges Didi-Huberman, *Invention de l'hystérie: Charcot et l'iconographie photographique de la Salpêtrière* (Paris, 1982), and Goldstein, *Console and Classify*, chap. 9.
48. As quoted by Bardet, "La prescription médicale moderne," 673.
49. Grasset, *L'art de prescrire*, 63–65.
50. Ibid., 63.
51. "Une assurance calme et froide." Cited in Castel, *La querelle de l'hystérie*, 68.
52. Brouardel, "La responsabilité du médecin," 504.
53. On this, and on the significance of the "diversification of what counted as writing" in the nineteenth century, see Gitelman, *Paper Knowledge*, 7–8.